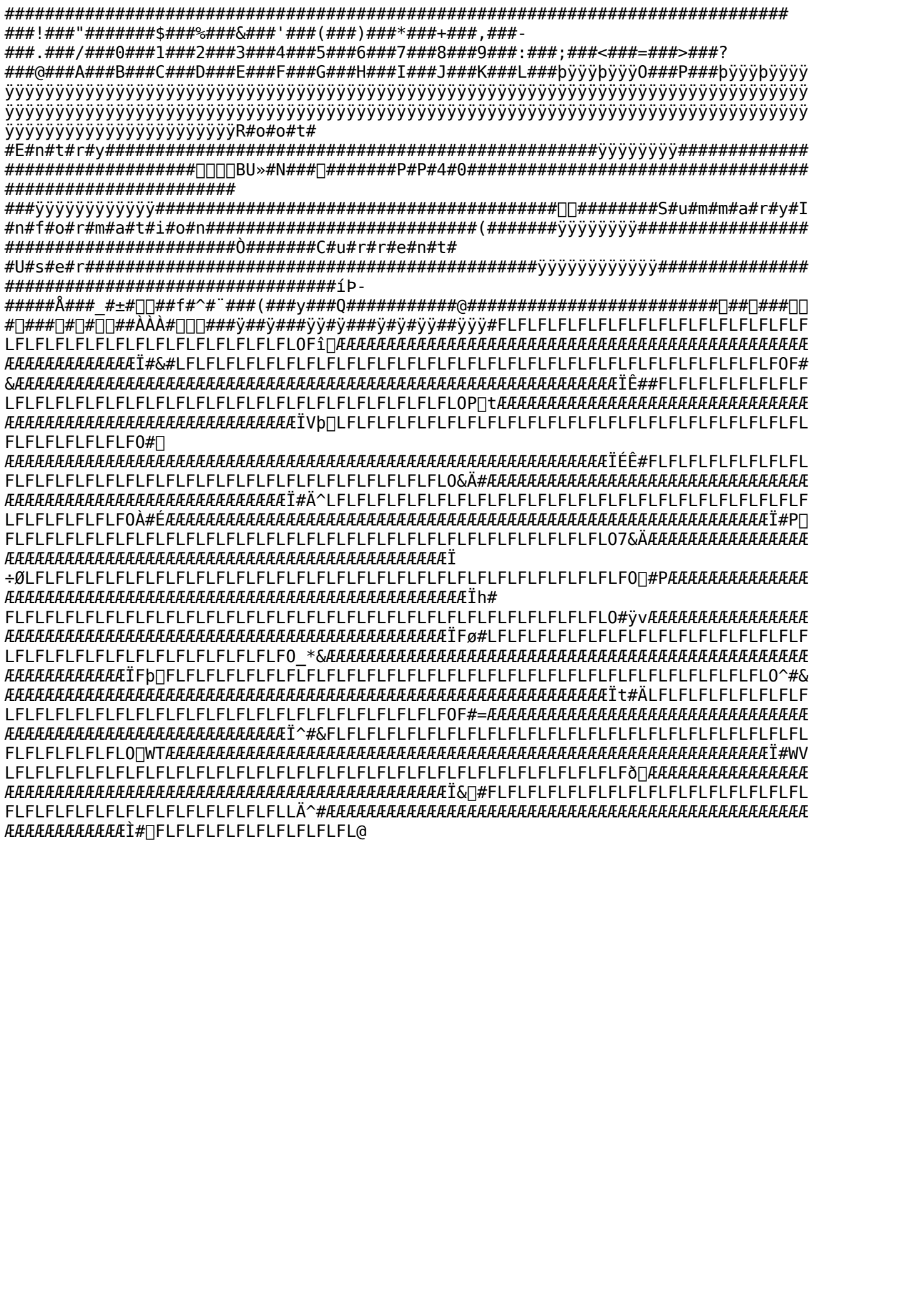

```
###0#0##0##@1################0##□##ÌøÁ#□#□
ÿÿ####ÿÿ####Uÿ¥#ÿÿd#########äÿ#########□###primitive gut divided into three
regionsforegut: giving rise to #pharynx,esophagus,stomachmidgut:giving rise to
small and large intestinehindgut:giving rise to colon and rectumabdominal wall
is formed by the somatic and #splanchnic layersof the cephalic,lateral, and
caudal foldsfailure in the development of one of these #folds will result in
formation of an anterior #wall defect#
```

```
#################0###
#####################T#□###d#########Çÿ########0##□##löÉþ□
      ##ÿÿ$###ÿÿ####Uÿ¥#ÿÿd#########Õÿ##÷ÿ#### ###Absence abdominal wall fascia
Herniation abdominal contentsEccentric displacement umbilical cordSmall
underdeveloped abdominal cavityThin sac covering defect
```

```
#.6########DL######0##□##ÌøÁ#Ì#o#ÿÿ####ÿÿ####Uÿ¥#ÿÿd#########äÿ########w###greek
omphalos=navel,cele=herniaabsence of abdominal wall fascia tela #subcutaneathin
sac part amnion/part peritoneum#
```

#□#ÿÿ####ÿÿ####Uÿ¥#ÿÿd#########äÿ########f###divided into two groupssmall hernia of umbilical cord<4cmgiant omphalocele >4cm with liver herniated

###0#0###############dl######0##□##ÌøÁ#¼#o#ÿÿ####ÿÿ####Uÿ¥#ÿÿd#########äÿ#######
#v###30-50% develop hypoglycemiamay last first year of lifesecondary to islet cell hyperplasiaresultant hyperinsulinemia

```
###############0###
###################T#□###d#########Çÿ########0##□##
´÷AÿT#O#ÿÿ$###ÿÿ####Uÿ¥#ÿÿd#########Õÿ##÷ÿ####V###Umbilical cord left defect
Absence sac over herniationAbdominal cavity more developed
```

```
###############0###
################
###T####d#########Çÿ########0####Ôö¡þ\#ï#ÿÿ$###ÿÿ####Uÿ¥#ÿÿd########Õÿ##÷ÿ###
####Incidence 1 in 50,000Infarction /atresia bowel commonInfrequent congenital
malformationsHigh association prematurityHerniated contents rarely livert
```

```
###0#0#ÿÿÿÿÿÿ########HI######0##□##ÌøÁ#□#ï#ÿÿ####ÿÿ####Uÿ¥#ÿÿd#########äÿ#######
```

#3###isolated omphalocele represents failure of #lateral folds to engulf the midgut and form the #future umbilical ringShaw suggested in early 80's that gastroschisis #is a simple herniation of the cord that ruptures #after completion of the anterior abdominal #wall but before completion of the umbilical #ring#

###0#0############### s######0##□##ÌøÁ#□#¯
ÿÿ####ÿÿ####Uÿ¥#ÿÿd#########äÿ########v###Glick in 1984 used ultrasound to observe the #chronologic in utero development of #gastroschisis27 weeks moderate size soft tissue mass #adjacent to fetal anterior wall contained in sac31 weeks mass with loops of bowel identified #contained in sac35 weeks free floating bowel in amniotic fluidat csx 4cm wall defect to right of the #umbilical cord no sac remnant visible

###0#0###############pe######0##□##ÌøÁ#□#/ÿÿ####ÿÿ####Uÿ¥#ÿÿd#########äÿ########
´###often intubated in delivery roompremature remember risk ROP <36 weekPh
7.35-.40,PaC02 30-40,PaO2 50-70,Sa02 #86-92%gastric decompression to prevent
aspirationprevent air progressing past pylorus where #irretrievable and cause
increased difficulty in #repair   bowel covered by moist saline dressingprotect
from dehydrationcare not to twist bowel impair vascular #integrityinfant covered
with plastic wrap to minimize #heat loss

```
###0#0##«############hn######0##□##ÌøÁ#|
#/#ÿÿ####ÿÿ####Uÿ¥#ÿÿd#########äÿ########Ñ###consider hypoglycemia until proven
otherwisedextrose solution at 5-7 mg/kg/minbrain and heart depend on glucose as
major #energy substratelimited hepatic glycogen storage <2.5 kgthird space loss
open bowel#
```

```
###0#0##«####################0##□##ÌøÁ#t#¯
      ÿÿ####ÿÿ####Uÿ¥#ÿÿd#########äÿ############r/o torsion or angulation of
bowelcorrect #dehydration/hypovolemia/hypoglycemiaekg,echo especially in
omphalocelechest x-rayblood gases pH< 7.2 with B.E. > -6 correctelectrolytes
especially calciumbowel exposure to acidic amniotic fluidmarked reduction in
total serum #protein,albumin#
```

```
#################0###
#####################T#□###d#########Çÿ########0##□##ôö□þT
      Ï#ÿÿ$###ÿÿ####Tÿ¥#ÿÿd#########Õÿ##÷ÿ####□###Reduced complications
Sepsis,sac dehiscence,prolonged ileusIncreased complication    hypotension,bowel
ischemia,unuria    respiratory failure
```

```
###,######8#######D#######L#######n#######>###ANESTHETIC CONSIDERATIONS IN
ANTERIOR ABDOMINAL WALL DEFECTS####################Barb
O'Neill########################################Anesthesia############2###@######
#####@###æ□î|AU»#@###ÆL¬¦AU»#################Microsoft PowerPoint
4.0##G###*###ÿÿÿÿ#####"#######Ú###ÿ
```